

## REQUEST FOR WORKERS' COMPENSATION RECORDS

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Under the provisions of Idaho Code § 9-340B(10)(a), the undersigned requests a copy of the workers' compensation records of the Idaho Industrial Commission identified below. Requestor agrees to pay all billable costs incurred in responding to this request under the Idaho Public Records Law.

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Claimant's Full Name: \*

Claimant's Social Security Number: \* - - - - -

Date(s) of injury: \*

I.C. Claim Number: - - - - -

Employer: \_\_\_\_\_

Records Requested: \*

Claims History Search, including IC claim status for:

☐ The past 5 years. ☐ The past \_\_\_\_ year period (not to exceed 30 yr).

Hardcopy of Electronic First Report of Injury of:

☐ The above noted claim. ☐ All claims in requested claims history search.

(Note: The following information may not be available for claims closed more than 10 years ago.)

Hardcopy of claim file contents of:

☐ The above noted claim. ☐ All claims in requested Claims History Search.

Copy of other workers' compensation records (Specify):

☐ Rehabilitation records ☐ Adjudication records (closed files only)  
☐ Other records (Describe): \_\_\_\_\_

The undersigned party is (check all applicable boxes): \*

☐ The claimant, ☐ the employer, ☐ the surety, or ☐ the ISIF,  
☐ in **an open claim** involving one of the parties in the records requested, or  
☐ in **the closed claim(s)** requested above.

Full name of party: \*

Full name of legal representative: \*

Mailing Address for response: \*

Requestor's Phone Number: \* ( ) \_\_\_\_\_

Requestor's Signature: \*# \_\_\_\_\_

Date Signed: \* \_\_\_\_\_

(\* = Completion mandatory)

(# = Must be signed personally by legal representative)

I.C. RESPONSE/NOTE AREA:

SEND COMPLETED REQUEST TO: IDAHO INDUSTRIAL  
COMMISSION, ATTN: RECORDS MANAGEMENT, PO BOX  
83720, BOISE, ID 83720-0041